

SC

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

RECEIVED EAA

JUN 11 2015

6-11-15

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Mario V. Hallom

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

15cv5194

Judge Manish S. Shah

Magistrate Judge Young B. Kim

PC4

Dr. Patel } Physician's
 } of
Dr. Glenn } Du 10

COOK COUNTY Jail

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

☐ COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

☒ COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

☐ OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: Mario V. Hallom
- B. List all aliases: _____
- C. Prisoner identification number: 20140206217
- D. Place of present confinement: COOK county Jail
- E. Address: P.O. Box 089002 CHICAGO, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Dr. Patel
Title: Physician
Place of Employment: COOK county Jail / Div. 10
- B. Defendant: Dr. Glenn
Title: Physician
Place of Employment: COOK county Jail / Div. 10
- C. Defendant: COOK county Jail
Title: _____
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: CLASS ACTION LAWSUIT For illegal strip searches conducted in the Cook County Jail in 2001, 2002, 2003, 2004.
- B. Approximate date of filing lawsuit: 2009 - 2010
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: THIS WAS A class action suit filed on behalf of over a hundred other men and women that went through the county Jail and subjected to the illegal strip search.
- D. List all defendants: THE COOK COUNTY JAIL
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): 7th DISTRICT
- F. Name of judge to whom case was assigned: DON'T REMEMBER
- G. Basic claim made: unconstitutional violations for illegal search and seizure Act.
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): SETTLED (RECEIVED \$512.00)
- I. Approximate date of disposition: 2011

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

on or about July 16th 2014, I entered the cook county jail, and immediatly went through the processing which included a medical staff. Upon this process, I was asked all questions concerning my health, medications, and mental capacity. I answered all questions truthfully. I was on various medications. I had a perscription sheet that I recieved while incarcerated at a state correctional facility. I have back pain due to a gun shot wound, shoulder pain due to police brutality, sinus problem, Buspor for mental problems and Cffexor, Bronchitus, and am Anemic. I am recieving no medications for the latter 2. I have repeatedly requested medical attention through the proper channels which is YELLOW MEDICAL REQUEST FORMS AND THE GRIEVANCE process. I have numerous grievances and ~~the~~^{MVH} the responses which are total lies. I have been told by both Dr.'s named in this petition that I would be sent to an orthopedic specialists but I have yet to go. I am being refused proper medication. I am in ~~constant~~^{MVH} constant

pain and suffer intensely from this pain. Attached you will find copies of the grievances and the replies that are ~~un~~^{myth} untruthful. This has been going on for over 7 months now and I am being forced to suffer through this on my own without medication, therapy. I have been constantly denied to see a orthopedic specialist, but am being told that I am scheduled to do so. I am tired of being lied to and am tired of the inadequate medical treatment being given to me concerning my health.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I want to file a claim of malpractice for both Doctors and
force them to do their jobs. I want to be compensated for
the pain and suffering that they have caused me by not
fulfilling their obligations as Medical Doctors. I also request any
other compensation this court deems applicable because of
the actions of Dr. Glenn and Dr. Patel.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 6 day of 5, 20 15

Mario Hallom

(Signature of plaintiff or plaintiffs)

Mario V. Hallom

(Print name)

2014 0206217

(I.D. Number)

P.O. Box 089002 Chicago IL

COOK COUNTY JAIL 60608

DIV 10-4A-C10

(Address)


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

CONTROL #

20151884

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso): Hallom	INMATE FIRST NAME (Primer Nombre): Mario	ID Number (# de identificación): 20140206217
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GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

 CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT: **200 - No Medical Treatment**

 IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable): **See attached**

 CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel): **Cermak**
DATE REFERRED: **4/13/15**
 RESPONSE BY PERSONNEL HANDLING REFERRAL: **Answer to our needs, you saw doctor 2**
Days after we gave you a pain killer agent
next month - should be scheduled nurse too.

PERSONNEL RESPONDING TO GRIEVANCE (Print): me	SIGNATURE: de	DIV. / DEPT.:	DATE: 4/16/15
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Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):	SIGNATURE:	DIV. / DEPT.:	DATE: 1/1
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NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box): <input type="checkbox"/> GRIEVANCE SUBJECT CODE: _____ <input type="checkbox"/> NON-GRIEVANCE SUBJECT CODE: _____	INMATE SIGNATURE (Firma del Preso): Hallom	DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida): 4/13/15
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INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

 DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido): **4/12/15**

 INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacion): **THE DOCTORS IVE SEEN IS DOCTOR GLEN & PATE**
EVEN THOUGH IVE SEEN THE DOCTOR THEY EITHER DONT PRESCRIBE
ME PAIN MEDS OR THEY DONT PRESCRIBE ME MEDS TO DEAL WITH THE
PROBLEM SO IM STILL IN CONSTANT PAIN & MY APPOINTMENT FOR THE ORTHO-
PEDIC DOCTOR KEEP GETTING CANCELED

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o/su designado(a)?

Yes (SI)

No

☐☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendacion por parte del administrador o / su designado(a)):

You are scheduled to see orthopedic surgery in the week.

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)): Susan Shebel	SIGNATURE (Firma del Administrador o / su Designado(a)): Susan Shebel RN	DATE (Fecha): 5/15/15
INMATE SIGNATURE (Firma del Preso):	DATE INMATE RECEIVED APPEAL RESPONSE: (Fecha en que el Preso recibió respuesta a su apelacion): 1/1	



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

!This section is to be completed by Program Services Staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☒ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): HALLON	PRINT - FIRST NAME (Primer Nombre): MARCO	ID Number (# de identificación): 20140206217
DIVISION (División): 10	LIVING UNIT (Unidad): 3C	DATE (Fecha): 9 / 26 / 14

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.

* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.

* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.

* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.

* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident
(Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Especifico Del Incidente)

I've been complaining about my sinus & my shoulder also other problems since I've been here & I haven't gotten an response yet the people are messing & I'm in great need of medical attention

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):

That I see the medical doctor & reimbursement for my pain & suffering

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información):

The cook county medical team

INMATE SIGNATURE (Firma del Preso):

Mario Hallon

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print): S. Freeman	SIGNATURE: S. Freeman	DATE CRW/PLATOON COUNSELOR RECEIVED: 9 / 27 / 14
SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED: 1 / 1



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)



GRIEVANCE



NON-GRIEVANCE (REQUEST)

CONTROL #

2014x 5979

!This section is to be completed by Program Services Staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☒ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

REFERRED TO:

- ☒ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

HALLON

PRINT - FIRST NAME (Primer Nombre):

MARIO

ID Number (# de identificación):

20140206217

DIVISION (División):

10

LIVING UNIT (Unidad):

3C

DATE (Fecha):

9 / 26 / 14

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.

* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.

* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.

* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.

* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE:

(Por Favor, Incluya:

Date of Incident

Fecha Del Incidente

Time of Incident

Hora Del Incidente

Specific Location of Incident

Lugar Especifico Del Incidente

I've BEEN complaining about my SINUS & my shoulder also other problems
SINCE I've BEEN here & I haven't gotten an response yet the problems
are worsening & I'm in great NEED of MEDICAL attn

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):

That I see the medical doctor & recinburst for my pain & suffering

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información):

The Cook County medical team

INMATE SIGNATURE (Firma del Preso):

Mario Hallon

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print):

S. Freeman

SIGNATURE:

S. Freeman

DATE CRW/PLATOON COUNSELOR RECEIVED:

9 / 27 / 14

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

1 / 1



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

! This section is to be completed by Program Services staff - ONLY ! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):	PRINT - FIRST NAME (Primer Nombre):	ID Number (# de identificación):
11111	11111	11111
DIVISION (División):	LIVING UNIT (Unidad):	DATE (Fecha):
11	11	11/11/11

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- * An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- * Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- * When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- * Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- * Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- * Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident
(Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Específico Del Incidente)

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado):

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):	SIGNATURE:	DATE CRW/PLATOON COUNSELOR RECEIVED:
S Freeman	S Freeman	12/30/14
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:
		1/1/11



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

Hailom

INMATE FIRST NAME (Primer Nombre):

Mario

ID Number (# de Identificación):

80140204217

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

200 Medical Treatment

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

DATE REFERRED:

1/9/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Seen in PCC on 1/12/15 by physician asst.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

A.N.

SIGNATURE:

[Signature]

DIV./DEPT.

DATE:

01/12/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

1/1/15

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

[Signature]

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

1/21/15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- * To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- * Las apelaciones tendrán que ser sometidas dentro del los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido:) ____ / ____ / ____

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación:)

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

☐

No

☐

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a)):

DATE (Fecha):

____ / ____ / ____

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE

(Fecha en que el preso recibió respuesta a su apelación):

____ / ____ / ____



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

!This section is to be completed by Program Services Staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

ID Number (# de identificación):

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.

* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.

* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.

* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.

* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident
(Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Específico Del Incidente)

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE

☒ NON-GRIEVANCE (REQUEST)

CONTROL #

N/A

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Hallow

INMATE FIRST NAME (Primer Nombre):

Mario

ID Number (# de identificación):

20140206217

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

ADD Medical Treatment

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

3/24/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

 According to our records you have an upcoming appointment to
 be seen by medical next week

PERSONNEL RESPONDING TO GRIEVANCE (Print):

A.N.

SIGNATURE:

K.

DIV. / DEPT.

DATE:

4/1/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

4/1/15

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: _____

☐ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

4/18/15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

4/1/15

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

☐

No

☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

4/1/15

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:

(Fecha en que el Preso recibió respuesta a su apelación):

4/1/15



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

!This section is to be completed by Program Services Staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):	PRINT - FIRST NAME (Primer Nombre):	ID Number (# de identificación):
DIVISION (División):	LIVING UNIT (Unidad):	DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- * An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.
* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.
* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.
* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident
(Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Especifico Del Incidente)

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print):	SIGNATURE:	DATE CRW/PLATOON COUNSELOR RECEIVED:
SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:

ILLINOIS DEPARTMENT OF CORRECTIONS

DISCHARGE MEDICAL SUMMARY

LAW

FACILITY

Offender Name: Nallom, Mario ID #: R09104 Date of Birth: 1-30-82

MEDICAL / MENTAL HISTORY

CURRENT MEDICAL CONDITIONS:

1. psych
2. _____
3. _____
4. _____
5. _____

SIGNIFICANT LAB / X-RAY ABNORMALITIES:

none

HIV STATUS:

TB SKIN TEST:

DATE OF LAST TEST:

CURRENT MEDICATIONS:

Cefepim 112.5mg 2 times daily
Cefepim 10mg 2 times daily

ALLERGIES:

PAST SURGERIES:

ON-GOING TREATMENTS:

SCHEDULED OUTSIDE APPOINTMENTS:

Follow up at your final destinationReleasee Signature: X Mario NallomDate: 7-16-14Staff Signature: BrookshTitle: 7-16-14Date: 7-16-14